



REPLY TO
ATTENTION OF

Installation Chaplain

To Whom it May Concern:

Welcome to the Fort Sam Houston Community Mentor Program.

In this program, individuals volunteer to spend 60-90 minutes a week in one-on-one mentoring/tutoring sessions in local schools with selected students. The students, selected by school administrators and teachers, are considered to be at risk of dropping out of school. We will be mentoring/tutoring at Fort Sam Houston, Ball, Artemesia Bowden, Bella Cameron, John J. Pershing, Kelly, Leon Springs, Serna, Elizabeth Tynan, and Booker T. Washington Elementary Schools, Gonzales Achievement Center; Phyllis Wheatley Middle School; Robert G. Cole Junior/Senior High School, and Fox Tech and Sam Houston High Schools, and Southwest Preparatory School. To participate in the program, please return the enclosed application to the address below.

While no special background or experience is required to participate, volunteer mentors must exercise good judgment, remain objective, and relate effectively. For this reason, each mentor must receive a recommendation in order to participate. Employees must receive recommendations from their immediate supervisors. Others must receive a recommendation from a nonrelative. Please feel free to provide any comments or information on the form which you feel would be helpful. Return the form to the address below or fax (210) 221-3391.

OFFICE OF THE INSTALLATION CHAPLAIN
FORT SAM HOUSTON COMMUNITY MENTOR PROGRAM
2590 FUNSTON ROAD, SUITE 35
FORT SAM HOUSTON, TEXAS 78234-5035

If you have any questions, please contact Brian Merry or Iva Winslow (221-5005/5007). I urge you to give serious consideration to participation in the program and to return the attached form as soon as possible. Your assistance will help make the program a success.

Sincerely,

Gary F. Atkins
Colonel, U.S. Army
Commanding

Enclosure

FORT SAM HOUSTON COMMUNITY MENTOR PROGRAM

RECOMMENDATION FORM

Date: _____

I am aware that the following individual:

(Volunteer's Name)

(Organization)

has volunteered to participate in the Fort Sam Houston Community Mentor Program.

Is there any reason this individual should not participate in the Mentor Program?

Other comments:

(Signature)

(Date)

All supervisors must initial the following statement: I understand that this program will involve 60-90 minutes each week. We have agreed upon an arrangement which will allow participation in the Mentor Program.

(Supervisor's Initials)

FORT SAM HOUSTON COMMUNITY MENTOR PROGRAM

(FOR OFFICIAL USE ONLY)

Application Received: _____ Training Session: _____

Assignment: School _____ Roo _____

Student _____ Gra _____

Day _____ Tim _____

*****DO NOT WRITE ABOVE THIS LINE*****

MENTOR APPLICATION

NAME: _____
(Last) (First) (MI) (Rank/Grade)

Mailing Address: _____

(ZIP +4)

E-mail Address: _____

Telephones: HOME _____ WORK _____ FAX _____

Check the category which best describes your status: _____

Active Duty _____ Government Employee _____ Family Member _____

Retired Military _____ No Military Affiliation _____

Work Title: _____

Organization: _____

Major Command: SA _____ USAG _____ HQ MEDCOM _____ BAMC _____ AMEDDC&S _____

Directorate, Bldg # _____ Other (Specify) _____

Supervisor's Name: _____ Phone: _____

Day(s)/time you are available to mentor:
MON _____ TUE _____ WED _____ THU _____ FRI _____ AM _____ PM _____

SCHOOL PREFERENCE:

Elementary _____ Middle _____ Junior/Senior High School _____

I have participated previously in this program _____. If you would like to mentor the same student: _____

Student Name School

What are the strengths (bilingual, previous FSH Mentor, volunteer experience, etc.) and weaknesses (family obligations, health status, work schedule, etc.) you bring to this program?

Briefly state why you would like to be a Mentor:

Please read and initial the following statements:

I understand I will be committing myself to the Mentor Program for the current school year. _____

I understand the Mentor Program involves about 1 hour each week at a school with an assigned student during the school year. _____

I understand I will be required to attend an initial orientation and at least one ongoing training session during the year. _____

I understand that before my application is accepted, my immediate supervisor must provide a recommendation/ approval. Applicants without supervisors must submit the recommendation from a nonrelative. _____

Have you been convicted of any felony or misdemeanor classified as an offense against a person or family, of public indecency, or of a violation involving a state or federally controlled substance?

Yes _____ No _____

Are you currently under investigation (military or civilian) for any complaint. Yes _____ No _____

If the answer to either of the above two questions is yes, please explain.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S. Code 3012

PRINCIPAL PURPOSE: To obtain data for police records check, U.S. Army Criminal Records check (CRC), Central Registry Check, and the Defense Central Index of Investigations (CDII) registry of each applicant to determine suitability for acceptance in the Mentor Program.

ROUTINE USE: Information will only be used by the program coordinator and personnel from the Provost Marshal Office, Criminal Investigation Detachment, and BAMC Social Work Service Office, to determine suitability of the applicant for acceptance in the program. The information will not be disclosed to other individuals in or out of the Department of the Army.

DISCLOSURE: VOLUNTARY. Failure to disclose the information may delay acceptance as a mentor or may be grounds for rejection of the application.

NAME:

DATE OF BIRTH:

(Please Print)

SSN: _____

(Signature)

(Date)

Thank you for taking the time to complete this application. If you have any questions, please contact Brian Merry or Iva Winslow at 221-5005/5007.